

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 914773	RECEIPT DATE:	09 / 04 / 01
IA NUMBER:	PCT/ EP00 / 01674	IA FILING DATE:	02 / 29 / 00
FAMILY NAME:	UPMEYER	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	ULRICH	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	03 / 02 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	UPMEYER=4	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 2026285197
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 SHEET ATTACKING MACHINE

TAB TO LAST POSITION,PUSH SEND



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Bib Data Sheet

CONFIRMATION NO. 4160

SERIAL NUMBER 09/914,773	FILING DATE 09/04/2001 RULE	CLASS 414	GROUP ART UNIT 3652	ATTORNEY DOCKET NO. UPMEYER=4	
APPLICANTS Ulrich Upmeyer, Borgholzhausen, GERMANY; ** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/EP00/01674 02/29/2000 ** FOREIGN APPLICATIONS ***** GERMANY 299 03 671.5 03/02/1999 <div style="text-align: center;">** SMALL ENTITY **</div>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		STATE OR COUNTRY GERMANY	SHEETS DRAWING 5	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 1
ADDRESS 001444					
TITLE Shelf stacking machine					
FILING FEE RECEIVED 430	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		